

STATE OF MARYLAND  
DEPARTMENT OF GENERAL SERVICES  
MARYLAND CAPITOL POLICE

**Complaint Withdrawal**

CAP Number\_\_\_\_\_

I, \_\_\_\_\_, hereby request the complaint  
of \_\_\_\_\_ against \_\_\_\_\_ of the  
Maryland Capitol Police be withdrawn.

It is my desire to drop the matter for the following reason(s):

I have voluntarily requested the withdrawal of the complaint without any coercion,  
threats, promises or reward of immunity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness Signature Date \_\_\_\_\_

Distribution: Original with Case File  
Copy to Complainant